PATIENT BENEFIT
FOUNDATION

# PATIENT APPLICATION PROCESS

1. A physician identifies a patient who has a surgical need, is uninsured or underinsured, and is unable to afford the cost of surgery.
2. The referring physician will contact the PBF Clinical Liaison and provide the patient information and medical records necessary to evaluate the request for assistance.
3. The referring physician will direct the patient to complete the PBF Patient Application form on the PBF Website https://pbfusa.org/. and submit the required supporting documentation.
4. The PBF Clinical Liaison will contact the referring physician's office to review the patient information or request additional information, if needed.
5. Once PBF receives the patient application and supporting documentation, the PBF Clinical Liaison will:
    a. Gather and review the necessary clinical data.
    b. Assess eligibility according to PBF Requirements for Consideration of Candidacy (see next page).
    c. If the patient does not qualify, the referring physician and/or patient will be notified. When appropriate, PBF may provide information regarding other available medical financial assistance resources.
6. If all required information is complete and the patient meets PBF requirements, the case will be presented to the PBF Board for final approval.
7. The patient will then be requested to review and sign all required PBF authorization and release forms.
8. Once the patient's application is approved, the PBF Clinical Liaison will notify the surgeon's office.
9. The surgeon's office will contact the hospital or surgical facility to initiate scheduling.
10. Once the surgery is scheduled, the appropriate hospital or facility department will coordinate with the patient and the PBF Clinical Liaison regarding the approved financial arrangements.
11. PBF will arrange payment in accordance with the approved funding amount and payment arrangements.
12. First Assist will be notified regarding the date and time of the procedure.
13. The patient undergoes the approved surgical procedure.
14. Any additional post-surgical costs related to the approved procedure will be reviewed and handled in accordance with PBF's approved funding and payment arrangements.

***NOTE:*** *As a nonprofit foundation, PBF prioritizes cost-effectiveness to extend support to more patients. For insured patients, PBF will evaluate whether covering the insurance deductible or the approved surgical expenses is the lower-cost option.*

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# Requirements for Consideration of Candidacy

1. **Legal Status:**
   - Patient must be a U.S. citizen, a lawful permanent resident, or a non-citizen/visitor with valid US Visa.
   - Patient must provide a valid form of identification.

2. **Proof of Financial Need:**
   - Patient must submit a copy of the most recent tax return, bank statements, and any other financial supporting documents requested by PBF.
   - If the patient is on disability or has no income, the patient must complete the PBF No Income Affidavit.
   - Additional documentation may be requested as needed to verify financial need.

3. **Proof of Residency:**
   - Patient must provide a utility statement from within the past 3 months (Electricity, Water, Internet, or Other).

4. **Surgical Needs:**
   - The requested surgery must be deemed medically necessary.
   - Patient must provide medical records related to the current medical condition requiring surgical treatment.